

D. PART III – Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product was a result of your employment, use the list of occupation and industry codes below to indicate the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

WR GRACE-PIQ 001106-005

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

01. Air conditioning and heating installer/maintenance	31. Iron worker
02. Asbestos miner	32. Joiner
03. Asbestos plant worker/asbestos manufacturing worker	33. Laborer
04. Asbestos removal/abatement	34. Longshoreman
05. Asbestos sprayer/spray gun mechanic	35. Machinist/machine operator
06. Assembly line/factory/plant worker	36. Millwright/mill worker
07. Auto mechanic/bodywork/brake repairman	37. Mixer/bagger
08. Boilermaker	38. Non-asbestos miner
09. Boiler repairman	39. Non-occupational/residential
10. Boiler worker/cleaner/inspector/engineer/installer	40. Painter
11. Building maintenance/building superintendent	41. Pipefitter
12. Brake manufacturer/installer	42. Plasterer
13. Brick mason/layer/hod carrier	43. Plumber - install/repair
14. Burner operator	44. Power plant operator
15. Carpenter/woodworker/cabinetmaker	45. Professional (e.g., accountant, architect, physician)
16. Chipper	46. Railroad worker/carman/brakeman/machinist/conductor
17. Clerical/office worker	47. Refinery worker
18. Construction - general	48. Remover/installer of gaskets
19. Custodian/janitor in office/residential building	49. Rigger/stevedore/seaman
20. Custodian/janitor in plant/manufacturing facility	50. Rubber/tire worker
21. Electrician/inspector/worker	51. Sandblaster
22. Engineer	52. Sheet metal worker/sheet metal mechanic
23. Firefighter	53. Shipfitter/shipwright/ship builder
24. Fireman	54. Shipyard worker (md. repair, maintenance)
25. Flooring installer/tile installer/tile mechanic	55. Steamfitter
26. Foundry worker	56. Steelworker
27. Furnace worker/repairman/installer	57. Warehouse worker
28. Glass worker	58. Welder/blacksmith
29. Heavy equipment operator (includes truck, forklift, & crane)	59. Other
30. Insulator	

Industry Codes

001. Asbestos abatement/removal	109. Petrochemical
002. Aerospace/aviation	110. Railroad
100. Asbestos mining	111. Shipyard-construction/repair
101. Automotive	112. Textile
102. Chemical	113. Tire/rubber
103. Construction trades	114. U.S. Navy
104. Iron/steel	115. Utilities
105. Longshore	116. Grace asbestos manufacture or milling
106. Maritime	117. Non-Grace asbestos manufacture or milling
107. Military (other than U.S. Navy)	118. Other
108. Non-asbestos products manufacturing	

E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by asbestos-containing products through contact/proximity with another injured person. If you contact/proximity with multiple injured persons, please complete a separate Part IV for each. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V – Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI – Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII – Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X – Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

PART I: IDENTITY OF INJURED PERSON AND LEGAL COUNSEL



WR GRACE-PIQ 001106-007

a. GENERAL INFORMATION

REDACTED

1. Name of Claimant: _____

First

MI

Last

2. Gender: Male Female3. Race (for purposes of evaluating Pulmonary Function Test results): White/Caucasian African American Other

4. Last Four Digits of Social Security Number: _____

5. Birth Date: _____

6. Mailing Address: 40 Worthick Law Firm 650 California 15th Fl SF CA 94108
Address City State/Province Zip/Postal Code7. Daytime Telephone Number: (415) 986-5566

b. LAWYER'S NAME AND FIRM

1. Name of Lawyer: Stephen T. German2. Name of Law Firm With Which Lawyer is Affiliated: Worthick Law Firm3. Mailing Address of Firm: 650 California 15th Fl SF CA 94108
Address City State/Province Zip/Postal Code4. Law Firm's Telephone Number or Lawyer's Direct Line: (415) 986-5566 Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

c. CAUSE OF DEATH (IF APPLICABLE)

1. Is the injured person living or deceased? Living Deceased
If deceased, date of death: 02/11/1991

2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:

Primary Cause of Death (as stated in the Death Certificate): _____

Contributing Cause of Death (as stated in the Death Certificate): _____

PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

 Asbestos-Related Lung Cancer Mesothelioma Asbestosis Other Cancer (cancer not related to lung cancer or mesothelioma) Other Asbestos Disease Clinically Severe Asbestosis

a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

 diagnosis from a pathologist certified by the American Board of Pathology diagnosis from a second pathologist certified by the American Board of Pathology diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you based on the following (check all that apply):

findings by a pathologist certified by the American Board of Pathology

evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

evidence of asbestosis determined by pathology

evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer

other (please specify): _____

c. **Other Cancer:**

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

colon pharyngeal esophageal laryngeal stomach cancer
 other, please specify: _____

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

findings by a pathologist certified by the American Board of Pathology

evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health

evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health

evidence of asbestosis determined by pathology

a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer

other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): _____

e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or those above, was your diagnosis based on the following (check all that apply):

WR GRACE-PIQ 001106-010

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- diagnosis determined by pathology
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading other than those described above
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a pulmonary function test other than that discussed above
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- a CT Scan or similar testing
- a diagnosis other than those above
- other (please specify): _____

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PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

WR GRACE-PIQ 001106-011

2. Information Regarding Diagnosis

Date of Diagnosis:

Diagnosing Doctor's Name:

Diagnosing Doctor's Specialty:

Diagnosing Doctor's Mailing Address:

Address

City _____ State/Province _____ Zip/Postal Code _____

Diagnosing Doctor's Daytime Telephone Number: () _____ - _____

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Yes NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No

If yes, please indicate who paid for the services performed:

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes NoWas the diagnosing doctor referred to you by counsel? Yes NoAre you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No

If yes, please explain:

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? Yes NoDid the diagnosing doctor perform a physical examination? Yes NoDo you currently use tobacco products? Yes NoHave you ever used tobacco products? Yes No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

 Cigarettes _____ Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____ Cigars _____ Cigars Per Day _____ Start Year _____ End Year _____ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____

Amount Per Day _____ Start Year _____ End Year _____

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? Yes No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

 Mobile laboratory Job site Union Hall Doctor office Hospital Other: _____

Address where chest x-ray taken:

Address

City _____ State/Province _____ Zip/Postal Code _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**4. Information Regarding Chest X-Ray Reading**

Date of Reading: ____ / ____ / ____

ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number: (____) _____

Reader's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the reader? Yes NoWas the reader referred to you by counsel? Yes NoAre you aware of any relationship between the reader and your legal counsel? Yes No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

..... Yes No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

5. Information Regarding Pulmonary Function Test: Date of Test: ____ / ____ / ____

List your height in feet and inches when test given: ft _____ inches

List your weight in pounds when test given: lbs

Total Lung Capacity (TLC): % of predicted

Forced Vital Capacity (FVC): % of predicted

FEV1/FVC Ratio: % of predicted

Name of Doctor Performing Test (if applicable): _____

Doctor's Specialty: _____

Name of Clinician Performing Test (if applicable): _____

Testing Doctor or Clinician's Mailing Address: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: (____) _____

Name of Doctor Interpreting Test: _____

Doctor's Specialty: _____

Interpreting Doctor's Mailing Address: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: (____) _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

With respect to your relationship to the doctor or clinician who performed the pulmonary function test, check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Yes No

Was the testing doctor and/or clinician paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? Yes No

Was the testing doctor or clinician referred to you by counsel? Yes No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Yes No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? Yes No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Yes No

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

Was the doctor referred to you by counsel? Yes No

Are you aware of any relationship between the doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? Yes No

6. Information Regarding Pathology Reports:

Date of Pathology Report: / /

Findings: _____

Name of Doctor Issuing Report: _____

Doctor's Specialty: _____

Doctor's Mailing Address: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Doctor's Daytime Telephone Number: (_____) _____ - _____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Yes No

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

Was the doctor referred to you by counsel? Yes No

Are you aware of any relationship between the doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

..... Yes No

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

7. With respect to the condition alleged, have you received medical treatment from a doctor f WR GRACE-PIQ 001106-014
..... Yes No

If yes, please complete the following:

Name of Treating Doctor: _____

Treating Doctor's Specialty: _____

Treating Doctor's Mailing Address: _____
Address _____

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Treating Doctor's Daytime Telephone number: (____) ____ - ____

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed:

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

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PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Site of Exposure:

Site Name: _____

Location: _____

Site Type: Residence Business Site Owner: _____

Employer During Exposure: _____

Unions of which you were a member during your employment: _____

Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 118, specify.	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Job 1 Description:						
Job 2 Description:						
Job 3 Description:						
Job 4 Description:						
Job 5 Description:						
Job 6 Description:						

WR GRACE-PIQ 001106-015



PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRO

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Yes No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: Male Female

Last Four Digits of Social Security Number: _____ Birth Date: _____ / _____ / _____

3. What is your Relationship to Other Injured Person: Spouse Child Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: _____ / _____ / _____ To: _____ / _____ / _____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: _____ / _____ / _____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: _____ / _____ / _____ To: _____ / _____ / _____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

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PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Party Against which Lawsuit or Claim was Filed:

Site of Exposure 1	Job 1 Description:	Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 1118, specify.	Nature of Exposure	
						Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	
Site Name: _____	Job 2 Description: _____	_____	_____	_____	_____	_____	_____
Address: _____	Job 3 Description: _____	_____	_____	_____	_____	_____	_____
City and State: _____	_____	_____	_____	_____	_____	_____	_____
Site Owner: _____	_____	_____	_____	_____	_____	_____	_____
Site of Exposure 2	Job 1 Description:	_____	_____	_____	_____	_____	_____
Site Name: _____	Job 2 Description: _____	_____	_____	_____	_____	_____	_____
Address: _____	Job 3 Description: _____	_____	_____	_____	_____	_____	_____
City and State: _____	_____	_____	_____	_____	_____	_____	_____
Site Owner: _____	_____	_____	_____	_____	_____	_____	_____
Site of Exposure 3	Job 1 Description:	_____	_____	_____	_____	_____	_____
Site Name: _____	Job 2 Description: _____	_____	_____	_____	_____	_____	_____
Address: _____	Job 3 Description: _____	_____	_____	_____	_____	_____	_____
City and State: _____	_____	_____	_____	_____	_____	_____	_____
Site Owner: _____	_____	_____	_____	_____	_____	_____	_____

WR GRACE-PIA 001106-017

PART VI: EMPLOYMENT HISTORY

WR GRACE-PIQ 001106-018

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: _____ / _____ / _____ **End of Employment:** _____ / _____ / _____

Location: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: _____ / _____ / _____ **End of Employment:** _____ / _____ / _____

Location: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: _____ / _____ / _____ **End of Employment:** _____ / _____ / _____

Location: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: _____ / _____ / _____ **End of Employment:** _____ / _____ / _____

Location: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA



a. LITIGATION

WR GRACE-PIQ 001106-019

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? Yes No

If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:

Caption: _____

Case Number: _____ File Date: _____ / _____ / _____

Court Name: _____

3. Was Grace a defendant in the lawsuit? Yes No

4. Was the lawsuit dismissed against any defendant? Yes No

If yes, please provide the basis for dismissal of the lawsuit against each defendant:

5. Has a judgment or verdict been entered? Yes No

If yes, please indicate verdict amount for each defendant(s): _____

6. Was a settlement agreement reached in this lawsuit? Yes No

If yes and the settlement was reached on or after April 2, 2001, please indicate the following:

- Settlement amount for each defendant: _____
- Applicable defendants: _____
- Disease or condition alleged: _____
- Disease or condition settled (if different than disease or condition alleged): _____

7. Were you deposed in this lawsuit? Yes No

If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? Yes No

If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.

2. Date the claim was submitted: / /

3. Person or entity against whom the claim was submitted: _____

4. Description of claim: _____

5. Was claim settled? Yes No

6. Please indicate settlement amount: \$ _____

7. Was the claim dismissed or otherwise disallowed or not honored? Yes No

If yes, provide the basis for dismissal of the claim: _____

PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS

WR GRACE-PIQ 001106-020

Name of Dependent or Related Person: _____ Gender: Male Female
 Last Four Digits of Social Security Number: _____ Birth Date: ____ / ____ / ____
 Financially Dependent: Yes No
 Relationship to Injured Party: Spouse Child Other If other, please specify _____
 Mailing Address: _____
 Address _____

City _____ State/Province _____ Zip/Postal Code _____
 Daytime Telephone number: (_____) _____ - _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies:

- Medical records and/or report containing a diagnosis
- Lung function test results
- Lung function test interpretations
- Pathology reports
- Supporting documentation of exposure to Grace asbestos-containing products
- Supporting documentation of other asbestos exposure

- X-rays
- X-ray reports/interpretations
- CT scans
- CT scan reports/interpretations
- Depositions from lawsuits indicated in Part VII of this Questionnaire
- Death Certification

Originals:

- Medical records and/or report containing a diagnosis
- Lung function test results
- Lung function test interpretations
- Pathology reports
- Supporting documentation of exposure to Grace asbestos-containing products

- Supporting documentation of other asbestos exposure
- X-rays
- X-ray reports/interpretations
- CT scans
- CT scan reports/interpretations
- Death Certification

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

TO BE COMPLETED BY THE INJURED PERSON.

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: _____ Date: ____ / ____ / ____

Please Print Name: _____

TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: Jane Koegel Date: 01/04/2006

Please Print Name: Jane Koegel

APPENDIX C
Additional Copies of Part II of the Questionnaire



WR GRACE-PIQ 001106-021

PART II: ASBESTOS-RELATED CONDITION(S)

Name of Claimant: _____ Last 4 Digits of SSN: _____

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

<input type="checkbox"/> Asbestos-Related Lung Cancer	<input type="checkbox"/> Mesothelioma
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma)
<input type="checkbox"/> Other Asbestos Disease	<input type="checkbox"/> Clinically Severe Asbestosis

a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- diagnosis from a pathologist certified by the American Board of Pathology
- diagnosis from a second pathologist certified by the American Board of Pathology
- diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
- other (please specify): _____

b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- other (please specify): _____

APPENDIX C

Additional Copies of Part II of the Questionnaire

WR GRACE-PIQ 001106-022

PART II: ASBESTOS-RELATED CONDITION(S)

Name of Claimant: _____ Last 4 Digits of SSN: _____

c. Other Cancer:

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

colon pharyngeal esophageal laryngeal stomach cancer
 other, please specify: _____

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

findings by a pathologist certified by the American Board of Pathology
 evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 evidence of asbestosis determined by pathology
 a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
 other (please specify): _____

d. Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 asbestosis determined by pathology
 a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
 a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
 a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 other (please specify): _____

APPENDIX C

Additional Copies of Part II of the Questionnaire

WR GRACE-PIQ 001106-023

PART II: ASBESTOS-RELATED CONDITION(S)

Name of Claimant: _____ Last 4 Digits of SSN: _____

e. Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- asbestosis determined by pathology
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- other (please specify): _____

f. Other Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- diagnosis determined by pathology
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- a chest x-ray reading other than those described above
- a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- a pulmonary function test other than that discussed above
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- a CT Scan or similar testing
- a diagnosis other than those above
- other (please specify): _____

APPENDIX C
Additional Copies of Part II of the Questionnaire

WR GRACE-PIQ 001106-024



PART II: ASBESTOS-RELATED CONDITION(S)

Name of Claimant: _____ Last 4 Digits of SSN: _____

2. Information Regarding Diagnosis

Date of Diagnosis: / /

Diagnosing Doctor's Name: _____

Diagnosing Doctor's Specialty: _____

Diagnosing Doctor's Mailing Address: _____
 Address _____

City _____ State/Province _____ Zip/Postal Code _____

Diagnosing Doctor's Daytime Telephone Number: (_____) _____ - _____

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Yes No

Was the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes No

Was the diagnosing doctor referred to you by counsel? Yes No

Are you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes No

Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes No

Was the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? Yes No

Did the diagnosing doctor perform a physical examination? Yes No

Do you currently use tobacco products? Yes No

Have you ever used tobacco products? Yes No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

Cigarettes Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____

Cigars Cigars Per Day _____ Start Year _____ End Year _____

If Other Tobacco Products, please specify (e.g., chewing tobacco): _____
 Amount Per Day _____ Start Year _____ End Year _____

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? Yes No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

Mobile laboratory Job site Union Hall Doctor office Hospital Other: _____

Address where chest x-ray taken: _____
 Address _____

City _____ State/Province _____ Zip/Postal Code _____

APPENDIX C
Additional Copies of Part II of the Questionnaire



PART II: ASBESTOS-RELATED CONDITION(S)

Name of Claimant: _____ Last 4 Digits of SSN: _____

4. Information Regarding Chest X-Ray Reading

Date of Reading: ____ / ____ / ____ ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number: (_____) - _____

Reader's Mailing Address: _____
 Address _____

City	State/Province	Zip/Postal Code
------	----------------	-----------------

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the reader? Yes No

Was the reader referred to you by counsel? Yes No

Are you aware of any relationship between the reader and your legal counsel? Yes No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

..... Yes No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

5. Information Regarding Pulmonary Function Test: Date of Test: ____ / ____ / ____

List your height in feet and inches when test given: ft _____ inches

List your weight in pounds when test given: lbs

Total Lung Capacity (TLC): % of predicted

Forced Vital Capacity (FVC): % of predicted

FEV1/FVC Ratio: % of predicted

Name of Doctor Performing Test (if applicable): _____

Doctor's Specialty: _____

Name of Clinician Performing Test (if applicable): _____

Testing Doctor or Clinician's Mailing Address: _____

Address _____

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Testing Doctor or Clinician's Daytime Telephone Number: (_____) - _____

Name of Doctor Interpreting Test: _____

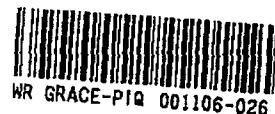
Doctor's Specialty: _____

Interpreting Doctor's Mailing Address: _____

Address _____

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Interpreting Doctor's Daytime Telephone Number: (_____) - _____



WR GRACE-PIQ 001106-026

APPENDIX C
Additional Copies of Part II of the Questionnaire

PART II: ASBESTOS-RELATED CONDITION(S)

Name of Claimant: _____ Last 4 Digits of SSN: _____

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Yes No

Was the testing doctor and/or clinician paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? .. Yes No

Was the testing doctor or clinician referred to you by counsel? Yes No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Yes No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? Yes No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Yes No

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

Was the doctor referred to you by counsel? Yes No

Are you aware of any relationship between the doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? Yes No

6. Information Regarding Pathology Reports:

Date of Pathology Report: / /

Findings: _____

Name of Doctor Issuing Report: _____

Doctor's Specialty: _____

Doctor's Mailing Address: _____

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Doctor's Daytime Telephone Number: (.....) -

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Yes No

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

Was the doctor referred to you by counsel? Yes No

Are you aware of any relationship between the doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

..... Yes No

APPENDIX C

Additional Copies of Part II of the Questionnaire**PART II: ASBESTOS-RELATED CONDITION(S)**

Name of Claimant: _____ Last 4 Digits of SSN: _____

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

..... Yes No*If yes, please complete the following:*

Name of Treating Doctor: _____

Treating Doctor's Specialty: _____

Treating Doctor's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Treating Doctor's Daytime Telephone number: (_____) _____ - _____

Was the doctor paid for the services that he/she performed? Yes No*If yes, please indicate who paid for the services performed.* _____Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

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APPENDIX C
Additional Copies of Part II of the Questionnaire

PART II: ASBESTOS-RELATED CONDITION(S)

Name of Claimant: _____ Last 4 Digits of SSN: _____

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

<input type="checkbox"/> Asbestos-Related Lung Cancer	<input type="checkbox"/> Mesothelioma
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma)
<input type="checkbox"/> Other Asbestos Disease	<input type="checkbox"/> Clinically Severe Asbestosis

a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- diagnosis from a pathologist certified by the American Board of Pathology
- diagnosis from a second pathologist certified by the American Board of Pathology
- diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
- other (please specify): _____

b. Asbestos-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- findings by a pathologist certified by the American Board of Pathology
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestosis determined by pathology
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)*
- a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- other (please specify): _____

APPENDIX C

Additional Copies of Part II of the Questionnaire

WR GRACE-PIQ 001106-030

PART II: ASBESTOS-RELATED CONDITION(S)

Name of Claimant: _____ Last 4 Digits of SSN: _____

c. Other Cancer:

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

colon pharyngeal esophageal laryngeal stomach cancer
 other, please specify: _____

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

findings by a pathologist certified by the American Board of Pathology
 evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 evidence of asbestosis determined by pathology
 a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
 other (please specify): _____

d. Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 asbestosis determined by pathology
 a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
 a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
 a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 other (please specify): _____

APPENDIX C

Additional Copies of Part II of the Questionnaire**PART II: ASBESTOS-RELATED CONDITION(S)**

Name of Claimant: _____ Last 4 Digits of SSN: _____

e. Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine

a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

asbestosis determined by pathology

a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted

a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis

other (please specify): _____

f. Other Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine

diagnosis determined by pathology

a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)

a chest x-ray reading other than those described above

a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted

a pulmonary function test other than that discussed above

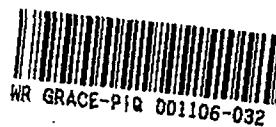
a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition

a CT Scan or similar testing

a diagnosis other than those above

other (please specify): _____

APPENDIX C

Additional Copies of Part II of the Questionnaire**PART II: ASBESTOS-RELATED CONDITION(S)**

Name of Claimant: _____ Last 4 Digits of SSN: _____

2. Information Regarding Diagnosis

Date of Diagnosis: / /

Diagnosing Doctor's Name: _____

Diagnosing Doctor's Specialty: _____

Diagnosing Doctor's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Diagnosing Doctor's Daytime Telephone Number: () _____ - _____

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Yes NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? Yes NoWas the diagnosing doctor referred to you by counsel? Yes NoAre you aware of any relationship between the diagnosing doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? Yes NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? Yes NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? Yes NoDid the diagnosing doctor perform a physical examination? Yes NoDo you currently use tobacco products? Yes NoHave you ever used tobacco products? Yes No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

 Cigarettes Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____ Cigars Cigars Per Day _____ Start Year _____ End Year _____ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____

Amount Per Day _____ Start Year _____ End Year _____

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? Yes No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

 Mobile laboratory Job site Union Hall Doctor office Hospital Other: _____Address where chest x-ray taken: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

APPENDIX C
Additional Copies of Part II of the Questionnaire



PART II: ASBESTOS-RELATED CONDITION(S)

WR GRACE-PIQ 001106-033

Name of Claimant: _____ Last 4 Digits of SSN: _____

4. Information Regarding Chest X-Ray Reading

Date of Reading: ____ / ____ / ____

ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number: (____) ____ - ____

Reader's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the reader? Yes NoWas the reader referred to you by counsel? Yes NoAre you aware of any relationship between the reader and your legal counsel? Yes No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

..... Yes No

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

5. Information Regarding Pulmonary Function Test: Date of Test: ____ / ____ / ____

List your height in feet and inches when test given: ft ____ inches

List your weight in pounds when test given: lbs

Total Lung Capacity (TLC): % of predicted

Forced Vital Capacity (FVC): % of predicted

FEV₁/FVC Ratio: % of predicted

Name of Doctor Performing Test (if applicable): _____

Doctor's Specialty: _____

Name of Clinician Performing Test (if applicable): _____

Testing Doctor or Clinician's Mailing Address: _____

Address

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: (____) ____ - ____

Name of Doctor Interpreting Test: _____

Doctor's Specialty: _____

Interpreting Doctor's Mailing Address: _____

Address

City _____ State/Province _____ Zip/Postal Code..

Interpreting Doctor's Daytime Telephone Number: (____) ____ - ____

APPENDIX C

Additional Copies of Part II of the Questionnaire

PART II: ASBESTOS-RELATED CONDITION(S)



Name of Claimant: _____ Last 4 Digits of SSN: _____

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Yes No

Was the testing doctor and/or clinician paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? .. Yes No

Was the testing doctor or clinician referred to you by counsel? Yes No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Yes No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? Yes No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Yes No

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

Was the doctor referred to you by counsel? Yes No

Are you aware of any relationship between the doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? Yes No

6. Information Regarding Pathology Reports:

Date of Pathology Report: / /

Findings: _____

Name of Doctor Issuing Report: _____

Doctor's Specialty: _____

Doctor's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Doctor's Daytime Telephone Number: () _____ - _____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Yes No

Was the doctor paid for the services that he/she performed? Yes No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

Was the doctor referred to you by counsel? Yes No

Are you aware of any relationship between the doctor and your legal counsel? Yes No

If yes, please explain: _____

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

..... Yes No

APPENDIX C

Additional Copies of Part II of the Questionnaire**PART II: ASBESTOS-RELATED CONDITION(S)**

Name of Claimant: _____ Last 4 Digits of SSN: _____

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

..... Yes No*If yes, please complete the following:*

Name of Treating Doctor: _____

Treating Doctor's Specialty: _____

Treating Doctor's Mailing Address: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Treating Doctor's Daytime Telephone number: (_____) _____ - _____

Was the doctor paid for the services that he/she performed? Yes No*If yes, please indicate who paid for the services performed:*Did you retain counsel in order to receive any of the services performed by the doctor? Yes No

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APPENDIX D
Additional Copies of Part III of the Questionnaire Name of Claimant: _____

Last 4 Digits of SSN: _____

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Site of Exposure:

Site Name: _____

Site Type: Residence Business Site Owner: _____

Location: _____

Employer During Exposure: _____

Unions of which you were a member during your employment: _____

Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 118, specify.	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Job 1 Description:						
Job 2 Description:						
Job 3 Description:						
Job 4 Description:						
Job 5 Description:						
Job 6 Description:						

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PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS		Name of Claimant: _____		Last 4 Digits of SSN: _____																																											
<p>Site of Exposure:</p> <p>Site Name: _____ Location: _____</p> <p>Site Type: <input type="checkbox"/> Residence <input type="checkbox"/> Business Site Owner: _____</p> <p>Employer During Exposure: _____</p> <p>Unions of which you were a member during your employment: _____</p>																																															
<table border="1"> <thead> <tr> <th>Product(s)</th> <th>Identification of Each Grace Product</th> <th>Basis for Dates and Frequency of Exposure (hours/day, days/year)</th> <th>Occupation Code <i>If Code 59 Specif.</i></th> <th>Industry Code <i>If Code 118 Specif.</i></th> <th>Nature of Exposure <i>If Yes, please indicate your regular proximity to such areas</i></th> </tr> </thead> <tbody> <tr> <td>Job 1 Description:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Job 2 Description:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Job 3 Description:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Job 4 Description:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Job 5 Description:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Job 6 Description:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Product(s)	Identification of Each Grace Product	Basis for Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code <i>If Code 59 Specif.</i>	Industry Code <i>If Code 118 Specif.</i>	Nature of Exposure <i>If Yes, please indicate your regular proximity to such areas</i>	Job 1 Description:						Job 2 Description:						Job 3 Description:						Job 4 Description:						Job 5 Description:						Job 6 Description:					
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Fill in the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

(d) A worker who personally mixed Grace asbestos-containing products

(e) A worker who personally removed or cut Grace asbestos-containing products

(f) A worker who personally installed Grace asbestos-containing products

(g) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others

(h) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others

(i) If other, please specify: _____

ENDIX D
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rt for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

APPENDIX E

Additional Copies of Part IV of the Questionnaire**PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS**

Name of Claimant: _____ Last 4 Digits of SSN: _____

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Yes No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: Male Female

Last Four Digits of Social Security Number: _____ Birth Date: _____ / _____ / _____

3. What is your Relationship to Other Injured Person: Spouse Child Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: _____ / _____ / _____ To: _____ / _____ / _____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: _____ / _____ / _____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: _____ / _____ / _____ To: _____ / _____ / _____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

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APPENDIX E
Additional Copies of Part IV of the Questionnaire



PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING

Name of Claimant: _____ Last 4 Digits of SSN: _____

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? Yes No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: Male Female

Last Four Digits of Social Security Number: _____ Birth Date: _____ / _____ / _____

3. What is your Relationship to Other Injured Person: Spouse Child Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: _____ / _____ / _____ To: _____ / _____ / _____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? Yes No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: _____ / _____ / _____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: _____ / _____ / _____ To: _____ / _____ / _____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

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APPENDIX F
Additional Copies of Part V of the Questionnaire

Name of Claimant:

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Last 4 Digits of SSN:

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Party Against which Lawsuit or Claim was Filed:

Site Name: _____	Job 1 Description: _____
Address: _____	Job 2 Description: _____
City and State: _____	Job 3 Description: _____
Site Owner: _____	

Site of Exposure 1	Job 1 Description:	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code <i>If Code 59, specify.</i>	Industry Code <i>If Code 118, specify.</i>	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? <i>If Yes, please indicate your regular proximity to such areas</i>	Nature of Exposure
Site Name: _____	Job 1 Description: _____					
Address: _____	Job 2 Description: _____					
City and State: _____	Job 3 Description: _____					
Site Owner: _____						
Site of Exposure 2	Job 1 Description:					
Site Name: _____	Job 1 Description: _____					
Address: _____	Job 2 Description: _____					
City and State: _____	Job 3 Description: _____					
Site Owner: _____						
Site of Exposure 3	Job 1 Description:					
Site Name: _____	Job 1 Description: _____					
Address: _____	Job 2 Description: _____					
City and State: _____	Job 3 Description: _____					
Site Owner: _____						

WR GRACE-PIQ 001106-041

GRACE-PIQ 001106-042
DIX F
 Final Copies of Part V of the Questionnaire

Name of Claimant: _____

Last 4 Digits of SSN: _____

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

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Party Against which Lawsuit or Claim was Filed:	Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify	Industry Code If Code 118, specify	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Site of Exposure 1	Job 1 Description:					
Site Name:						
Address:						
City and State:						
Site Owner:	Job 3 Description:					
Site of Exposure 2	Job 1 Description:					
Site Name:						
Address:						
City and State:						
Site Owner:	Job 3 Description:					
Site of Exposure 3	Job 1 Description:					
Site Name:						
Address:						
City and State:						
Site Owner:	Job 3 Description:					

APPENDIX G

Additional Copies of Part VI of the Questionnaire

PART VI: EMPLOYMENT HISTORY



WR GRACE-PIQ 001106-043

Name of Claimant: _____ Last 4 Digits of SSN: _____

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: _____ / _____ / _____ End of Employment: _____ / _____ / _____

Location: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: _____ / _____ / _____ End of Employment: _____ / _____ / _____

Location: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: _____ / _____ / _____ End of Employment: _____ / _____ / _____

Location: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: _____ / _____ / _____ End of Employment: _____ / _____ / _____

Location: _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

APPENDIX G

Additional Copies of Part VI of the Questionnaire**PART VI: EMPLOYMENT HISTORY**

WR GRACE-PIQ 001106-044

Name of Claimant: _____ Last 4 Digits of SSN: _____

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____ End of Employment: ____ / ____ / ____

Location: _____
Address _____

City _____ State/Province _____ Zip/Postal Code _____

OSCAR R. SCHERER, M.D.
and
BARRY R. HORN, M.D.
Professional Corporation



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BERKELEY, CA 94705
(415) 540-1473

Diplomates,
American Board of Internal
Medicine and Pulmonary Disease

June 24, 1991

Mr. Harry Wartnick
Attorney at Law
101 California Street, Suite 2600
San Francisco, CA 94111

RE: REDACTED

Dear Mr. Wartnick:

At your request, I have reviewed a series of films on [REDACTED]. The first set of films is dated October 22, 1982 and represents a chest PA and lateral from the Thomas-Davis Clinic in Tucson, Arizona. [REDACTED] was 58 years of age. The heart size is at the upper limits of normal. There is no pulmonary vascular congestion. A 1 x 1.5 cm mass density can be seen in the right lower lung field on the PA film. On the lateral film, it appears to be in the right middle lobe anteriorly. The borders of this lesion are smooth and there is a suggestion that there is calcification in the lesion. The films are not a full inspiration. Taking that into account, the interstitial markings appear to be at the upper limits of normal corresponding to an ILO classification of s/t 0/1 borderline opacities. No definite pleural disease is identified.

I have reviewed a chest PA and lateral dated July 6, 1983. [REDACTED] had a deeper inspiration. The previously described mass lesion in the right middle lobe is again seen and appears to be the same size. It is definitely present in the right middle lobe on the lateral film. The interstitial markings remain at the upper limits of normal corresponding to an ILO classification of t/s 0/1 borderline opacities in the lower two thirds of the lung fields bilaterally. The heart size remains at the upper limits of normal. No definite pleural disease is seen.

I have reviewed a chest PA and lateral dated January 12, 1984. The films were again done at the Thomas-Davis Clinic. The previously described mass density in the right middle lobe is seen. The interstitial markings have the appearance of being increased corresponding to an ILO classification of t/s 1/0 irregular opacities in the lower two thirds of the lung fields bilaterally. The heart size is again at the upper limits of normal.

I have reviewed a chest PA and lateral dated January 8, 1985. The films are somewhat underpenetrated. My best estimate is that the interstitial markings are at the upper limits of normal.

REDACTED



Mr. Harry Wartnick
June 24, 1991
Page 2

RE:

REDACTED

Review of Chest X-rays (cont.)

I have reviewed a chest PA and lateral dated June 20, 1986. These films appear similar to previous films. The interstitial markings are mildly increased corresponding to an ILO classification of t/t 1/0 irregular opacities in the lower two thirds of the lung fields bilaterally. The heart size remains at the upper limits of normal. There is a mass again seen in the right middle lobe unchanged from the previous films. No definite pleural disease is identified.

The next set of films is dated May 1, 1990. These films appear considerably different than the previous films. A mass lesion can now be seen in the left mid lung field peripherally. On the PA film, it is 4.5 x ~~4.5~~ cm in size. On the lateral film, the mass appears in the superior segment of the left lower lobe. There is prominence of the left hilum suggesting adenopathy. The film is somewhat underpenetrated, so interpreting the interstitium is difficult. There is a definite increase in interstitial markings in the lower two thirds of the lung fields bilaterally probably best categorized by an ILO classification of t/t 1/1 irregular opacities. However, again the film is difficult to interpret because of its technique. The heart size remains at the upper limits of normal. No definite pleural disease is seen.

I have reviewed a chest PA and lateral dated July 9, 1990. The left mid lung field mass lesion appears somewhat smaller in size. There is some scarring radiating toward the left hilum. The interstitial markings are definitely increased bilaterally corresponding to an ILO classification of t/t 1/1 irregular opacities. The heart size is again at approximately the upper limits of normal to perhaps slightly enlarged.

I have reviewed a chest PA and lateral dated October 26, 1990. The previously described mass lesion in the left mid lung field is again seen. It is approximately the same size as on the previous film. The PA film is somewhat rotated so is difficult to compare with the previous films. The interstitial markings are definitely increased bilaterally corresponding to an ILO classification of t/t 1/1 irregular opacities in the lower two thirds of the lung fields. No definite pleural disease is identified.

The next set of films is dated November 13, 1990. A mass lesion is again seen in the left mid lung field laterally although it is clearly less defined than on previous films. It can again be seen in the posterior segment on the lateral film. There is a questionable nodular density on the lateral film anteriorly in the chest. The interstitial markings appear more prominent than on previous films. My best estimate is that there are t/t 2/1 irregular opacities in the lower two thirds of the lung fields bilaterally. The heart borders are ill-defined.



Mr. Harry Wartnick
June 24, 1991
Page 3

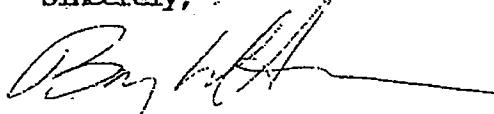
RE:

REDACTED

Review of Chest X-rays (cont.)

The last set of films is dated January 9, 1991. Very extensive interstitial changes are seen bilaterally in all lung fields corresponding to an ILO classification of t/t 2/2 irregular opacities. The interstitial changes are most prominent peripherally. The heart border is ill-defined. There is a suggestion of honeycombing on these films as there was on the November 13th films, although it is more prominent on the January 9th films. No definite pleural disease is identified.

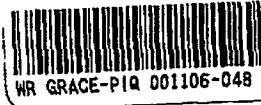
Sincerely,



Barry R. Horn, M.D.

BRH/jb

OSCAR R. SCHERER, M.D.
and
BARRY R. HORN, M.D.
Professional Corporation



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Diplomates,
American Board of Internal
Medicine and Pulmonary Disease

September 22, 1994

Mr. Harry Wartnick
Attorney at Law
101 California Street, Suite 2600
San Francisco, CA 94111

RE: **REDACTED**

Dear Mr. Wartnick:

Thank you for referring the case of [REDACTED] or my evaluation. At your request, I have reviewed medical records on [REDACTED]

Records of Thomas Davis Medical Center. He was seen on October 22, 1982. He was 58 years of age. He had a past medical history of hypertension. He had myocardial infarction in 1973. He had a malignant bladder tumor removed in 1973. He had a history of diverticulitis with a colon resection. He had an abdominal aortic aneurysm repaired in 1980. He had a blood clot in his right eye five years previously. He was on hydrochlorothiazide, Dyrenium, potassium and vitamin C. Both parents had myocardial infarctions. He did not smoke. On physical examination, his lungs were clear. Cardiac examination was normal.

A chest film was done on October 22, 1982. The copy is extremely poor. Under impression, I am able to determine that there was a moderate sized non-calcified non-cavitated nodule in the right middle lobe.

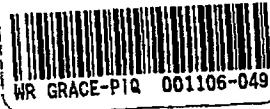
[REDACTED]
was seen on October 29, 1982. He was 58 years of age. He had low grade bladder malignancy 10 years previously. He had routine cystoscopy. He was in fairly good health although he had a history of hypertension, a repaired aortic aneurysm, diverticulitis which was resected and atherosclerotic heart disease. He was on a number of medications. Cystoscopy was recommended.

[REDACTED]
was seen on February 14, 1983 by Dr. Rundle. One month previously, he noted the sudden onset of lightheadedness intermittently which occurred with changing a position. Two weeks previously, he developed vertigo. He was on antihypertensive medications including hydrochlorothiazide, Dyrenium, Inderal and Isordil. Neurologic examination was normal. He was diagnosed with having vascular vertigo.

A chest film was obtained on July 6, 1983. There was a moderately large sliding hiatal hernia on the lateral view. The aorta was mildly tortuous. There was no cardiomegaly.

REDACTED

REDACTED



Mr. Harry Wartnick
September 22, 1994
Page 2

RE: REDACTED

Chest films were obtained on January 12, 1984. The heart size was normal. There was a nodule in the right lower lung. Both lungs demonstrated some mild fibrosis. The hilar regions were normal.

He was seen on December 11, 1984 complaining of a recurrent cough productive of scant amounts of sputum. He also had yellow nasal drainage. On examination, the nasal mucosa was congested. There were fine inspiratory rhonchi. A diagnosis of bronchitis was made and he was started on amoxicillin.

A chest film was obtained on January 8, 1985. The heart size was normal. There was some fibrosis in both lungs. A 1.5 cm nodule was seen in the right lower lung.

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I have reviewed a discharge summary to Tucson Medical Center. was hospitalized from April 7 to April 10, 1985. He had a period of vertigo. He was brought to the emergency room. An EKG showed multi-focal PVC's. In the emergency room, he developed ventricular tachycardia and was admitted to the hospital. He had a history of arteriosclerotic heart disease. He was started on Lidocaine which was not successful. He was then placed on procainamide. He was discharged on Isordil, hydrochlorothiazide, Dyrenium, potassium, allopurinol, Tenormin and Procan.

I have reviewed a consultation note during this admission. was 68 years of age. He had an inferior wall myocardial infarction 13 years previously. He had frequent PVC's. In the emergency room, his potassium was 2.6. Ventricular tachycardia was not documented. The serum potassium was corrected. He then had 5 to 6 PVC's in succession. On examination, his lungs were clear. He was not thought to have had a myocardial infarction although it needed to be ruled out. A stress test was recommended.

I have reviewed an admission history and physical dated April 7, 1985. He had an episode of dizziness and near syncopal episode. He had a history of a myocardial infarction 12 years previously. He had smoked cigarettes up until 20 years previously and then stopped. He very rarely drank. He had an aneurysm resection four and a half years previously. He had cancer of the bladder in 1973. He had surgery for diverticulitis seven years previously. On examination, his chest was clear.

He was seen on May 21, 1985. Blood pressure was 132/84. He weighed 205 pounds. He denied shortness of breath or orthopnea. He was on hydrochlorothiazide, Isordil, Dyrenium, potassium, allopurinol, Tenormin and quinaglute. A diagnosis of arteriosclerotic heart disease was made.

Mr. Harry Wartnick
September 22, 1994
Page 3

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RE:

REDACTED

He was seen on June 20, 1986. He was 62 years of age. His blood pressure was 124/82. Pulse was 76/minute. He weighed 198 pounds. He complained of occasional dizziness. Sigmoidoscopy was performed and was negative. The diagnoses were hypertension, arteriosclerotic heart disease, blindness in the right eye and status post cancer of the bladder.

Chest x-rays were obtained on June 20, 1986. The heart size was normal. There was minimal linear change in the left mid lung. The previously described nodule was again seen. The hilar regions were normal.

A barium enema was done on June 23, 1986. There was moderately extensive diverticulosis.

was seen on October 20, 1986. He had some tinnitus in the past month along with headache. He had no chest pain. He was having some diarrhea from the quinaglute. He was diagnosed with arteriosclerotic heart disease and osteoarthritis. He was treated with quinaglute, potassium, Tenormin, Isordil, hydrochlorothiazide, Dyrenium, allopurinol and Clinoril.

A Holter monitor tracing was done on October 29, 1986. There was sinus bradycardia. There were sporadic PVCs. There was trigeminy and quadrigeminy during waking hours.

I have reviewed an admission note to Tucson Medical Center dated July 5, 1987. He had right sided chest pain. He had been admitted in August, 1986 for chest pain. He had a definite history of arteriosclerotic heart disease with a myocardial infarction. He was on medications to control hypertension, angina and arrhythmias. He had multiple admissions for ventricular tachycardia. In the past he had a lupus reaction to procainamide and was currently taking quinaglute. On examination, his chest was clear. His EKG was unchanged. He was admitted to rule out a myocardial infarction.

A portable chest film was done on July 5, 1987. The heart was enlarged. There was no evidence of pulmonary vascular congestion. There was a small nodular density at the right base. There was no evidence of heart failure.

Coronary angiography was done on July 7, 1987. The left ventricular end diastolic pressure was 11. The left ventricular chamber size was increased. There was akinesia of the entire inferior wall. The proximal septum and anterior wall were mildly hypokinetic. The distal two-thirds of the anterior wall septum and the entire apex were severely hypokinetic. The left ventricular ejection fraction was about 20%. There was no mitral regurgitation. The left main coronary artery was normal. There was a 50% stenosis and a large first obtuse marginal branch of the circumflex. The second obtuse marginal branch of the circumflex

REDACTED



Mr. Harry Wartnick
September 22, 1994
Page 4

RE: **REDACTED**

was significantly smaller and had a 90% stenosis. The left anterior descending vessel had moderate disease in its proximal portion and had a subtotal occlusion in its mid portion with slow distal filling. The coronary artery was a large dominant vessel with severe diffuse disease. The cardiologist concluded that [REDACTED] had a severe impairment in left ventricular function and had three vessel coronary artery disease.

I have reviewed a discharge note from a hospitalization from July 5 to July 11, 1987. He was admitted because of right sided chest pain which was non-radiating. Physical examination was normal. Serial enzymes were normal. Catheterization was performed during the hospitalization. The risk of surgery precluded doing surgery. He was discharged on Coumadin.

He was seen on July 13, 1987 following a hospital admission. He was on Coumadin. He was not having any chest pain. His blood pressure was normal.

He was seen on August 5, 1987. His diagnoses were arteriosclerotic heart disease with angina. He was not in heart failure. He was on Coumadin, Tenormin, allopurinol, potassium, quinaglute, Dyrenium and hydrochlorothiazide.

I have reviewed a discharge summary to Tucson Medical Center. [REDACTED] was hospitalized from September 20 to September 23, 1987. He presented to the emergency room with sharp right sided chest pain and was hospitalized to rule out a myocardial infarction. It was ruled out. He had no further episodes of pain. He was discharged on Procardia, Dyrenium, Isordil, quinaglute, potassium, allopurinol, Tenormin and hydrochlorothiazide.

He was seen in follow-up on October 1, 1987. His blood pressure had fallen since he had been started on Procardia. The hydrochlorothiazide and Dyrenium were stopped.

He was seen on November 2, 1987. He was still having angina. The Tenormin dose was increased. He was seen on November 16, 1987. He was complaining of right parasternal pain relieved in part by nitroglycerin. The Procardia dose was increased. He was seen the next week. His chest pain was much better.

He was seen in January, 1988. He denied any chest pain. He was diagnosed with arteriosclerotic heart disease.

He was seen on March 17, 1988. He complained of some chest pressure. He had diarrhea as well. He was not short of breath. His quinidine level was checked.

REDACTED

REDACTED



Mr. Harry Wartnick
September 22, 1994
Page 5

RE: **REDACTED**

He was seen on April 28, 1988. His blood pressure was 106/72. His pulse was 56/minute. He was not tolerating the quinidine because of diarrhea. He was also ~~allergic~~ to Procan. The quinidine was stopped. He was placed on Mexitil.

He was seen in the summer of 1988. He was on Norpace, Procardia, Tenormin, allopurinol and Coumadin. He was still having PVC's. He was not in heart failure.

A Holter monitor tracing was done on August 16, 1988. He had sinus bradycardia. He had an average of 511 PVC's per hour.

was seen in November, 1988. He had been complaining of some abdominal pain. He was diagnosed with cholelithiasis.

An abdominal ultrasound was done on November 3, 1988. There were multiple gallstones seen.

I have reviewed a note from Tucson Medical Center dated June 14, 1989. developed bright red blood in his stools. He had a history of bleeding on and off for most of his life. He was on Coumadin, Norpace, Procardia, Tenormin and allopurinol. His chest was clear. He was diagnosed with GI bleeding, severe coronary artery disease, blindness of the right eye, history of cancer of the bladder and a past history of diverticulosis with resection. The bleeding was thought to be from hemorrhoids. His prothrombin time level was therapeutic.

Colonoscopy was performed on June 15, 1989. The only abnormality noted was diverticulosis.

I have reviewed a note dated June 16, 1989. was diagnosed as having lower GI bleeding secondary to diverticulosis.

He was seen in early 1990 complaining of left axillary pressure. On physical examination, his chest was clear.

was seen on May 1, 1990. He was 66 years of age. He had two tumors in his left eye. He had left dorsal spine pain with pain in the left axilla and left parasternal area made worse by deep breathing or with movement. He also complained of some peri-umbilical abdominal pain. On examination, his lungs were clear. He had some tenderness over his left ribs. X-rays were ordered.

REDACTED

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Mr. Harry Wartnick
September 22, 1994
Page 6

RE: REDACTED

Chest films were obtained on May 1, 1990. There was a new 4.5 cm mass lesion with irregular margins in the left posterior lung. There was mild fullness in the left hilar area. A small nodule was seen in the right lung unchanged from 1986. This was thought to be a granuloma. There was also a question of another small nodule on the PA view. There was mild cardiomegaly.

A chemistry panel was done on May 1, 1990. There were a few abnormal values. The alkaline phosphatase was mildly elevated at 135. The cholesterol was at the upper limits of normal at 200.

An EKG was done on May 1, 1990. It was interpreted as showing evidence of an old inferior wall myocardial infarction with some apical ischemia. There was sinus bradycardia.

I have reviewed a letter by Dr. George Novalis, an ophthalmologist. The letter is dated May 1, 1990. A mass lesion was seen in the left eye. This was thought to possibly be a metastatic tumor. Examination for a primary lesion was recommended.

A note on May 2 indicates that his chest x-ray demonstrated a large lemon sized opacity in the left chest with left hilar adenopathy.

I have reviewed a consultation note dated May 10, 1990 by Dr. Joseph Smith, a pulmonologist. had an abnormality in his left eye thought to represent a metastatic tumor. Chest x-ray showed a left upper lobe lesion. He noted pain in his left axilla when recumbent. He had smoked to the age of 40. He smoked two packs a day for 22 years. On examination, there were a few rales at the bases. Chest x-rays from Thomas-Davis Clinic were reviewed. They demonstrated a 4.2 x 5 cm nodule involving the posterior segment of the left upper lobe. The heart was not enlarged. Dr. Smith concluded that

had some degree of chronic obstructive pulmonary disease. He recommended that the Coumadin be stopped and the patient bronchoscopy.

I have reviewed a bronchial biopsy report dated May 10, 1990. A diagnosis of adenocarcinoma was made. Alveolar cell carcinoma could not be excluded.

A note on May 10 indicates that he was diagnosed as having carcinoma of the lung.

On May 11, he was referred to another physician for chemotherapy. He received cis-platinum and Decadron.

I have reviewed a dictated note dated May 11, 1990. was 68 years of age. He was recently diagnosed with adenocarcinoma of the lung proven on bronchoscopy biopsy at

REDACTED

REDACTED

Mr. Harry Wartnick
September 22, 1994
Page 7



RE: **REDACTED**

St. Joseph's Hospital. The biopsy was done by Dr. Joseph Smith. He complained of left lateral and posterior chest pain of a mild degree. He had a slight cough. He lost a few pounds. He also developed visual impairment in his good left eye. He previously lost most of his vision in his right eye because of retinal detachment. With regard to his past history, he had resection of an aortic aneurysm. He had severe cardiac arrhythmias but was doing well recently. Blood tests showed a mild elevation in alkaline phosphatase. On physical examination, his lungs were described as being fairly clear. He was diagnosed as having adenocarcinoma of the lung with hilar involvement, a metastatic nodule in the lung and in the left retina. The oncologist recommended mitomycin, cis-platinum and VP16. He was also referred to a radiation oncologist, Dr. Ralph Jackson.

I have reviewed a consultation note by Dr. Robert Cassidy dated May 11, 1990. He was 66 years of age. He had a 45 pack year history of smoking but stopped smoking 25 years previously. He developed constant sharp pleuritic left sided chest pain five months previously. The pain gradually increased in severity and was only partially relieved with Tylenol. He also developed blurred vision in his left eye with a black spot. The ocular symptoms gradually worsened. Two months previously, he developed a nonproductive cough and fatigue. A chest film showed a mass in the left mid lung with left hilar adenopathy. Bronchoscopy was performed. Biopsy demonstrated adenocarcinoma.

With regard to his past medical history, he had hemorrhage in his right eye in 1979 resulting in blindness. He had two vessel coronary artery disease. He had a history of a myocardial infarction in 1973. He had a transurethral resection of an early bladder tumor in 1973. He had an elective repair of an aortic aneurysm in 1980. He was on Norpace, Procardia, Tenormin, allopurinol and Coumadin. He did not drink alcohol. He worked as a building contractor. He indicated he was exposed to asbestos. He lived in Tucson for 17 years. He was not exposed to radon gas. On examination, the right pupil was fixed and dilated. The left pupil reacted to light. There was a 1.5 cm lymph node palpable in the left axilla. There were fine crackles present at the base of the right lung. The heart rhythm was regular. There were no murmurs or gallops. The abdomen was soft. There were no masses. There was no cyanosis, or edema. Palliative radiation to the left retina was recommended and begun. A CT scan of the brain and a bone scan were recommended.

Dr. Jackson saw [REDACTED] on May 15, 1990. He received two radiation therapy treatments to the left eye and his vision was thought to be possibly better. He was to receive cis-platinum and VP16 that day.

I have reviewed the report of a CT scan of the brain obtained on May 17, 1990. No acute changes were identified.

REDACTED

REDACTED